



TOWN OF WESTFORD
BOARD OF HEALTH
TOWN HALL
WESTFORD, MASSACHUSETTS 01886
Phone: 978-692-5509 Fax: 978-399-2558

APPLICATION FOR LICENSE TO SELL TOBACCO

FEE \$125.00

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Name of Establishment_____

Name of Manager and/or Owner_____

Manager's or Owner's
Mailing Address_____

Home Phone_____

Business Address_____

Tel. #_____ Type of Business: _____Restaurant _____Retail _____Other

Type of Tobacco Sales: _____Over the Counter _____Vending Machines*

*Vending Machines only permitted in establishments where minors are excluded

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Social Sec #/Federal ID #

Signature of Applicant

Date